For Agency use Only

Complaint Number

COUNTY OF SUFFOLK



Steven Bellone County Executive

Clifford Coleman Director

SUFFOLK COUNTY DEPARTMENT OF CONSUMER AFFAIRS

This form is being sent to you in response to your request for assistance from this Department. Please complete the form as soon as possible. Please attach <u>COPIES</u> of appropriate documentation (correspondence, invoices, contracts, and related information). We need this material to try to resolve your complaint. Please use black ink.

| Consumer Information | Vendor Information |
|--|--|
| Your Name: | Name of Person or firm complaint is about |
| Address - Number and Street | Address – Number and Street |
| City State Zip | City State Zip |
| Felephone Number (including area code) | Telephone Number (including area code) |
| (Home) (Business) | |
| our Mailing Address – if different from above | Your Account or Invoice number |
| | Name of person with whom you dealt at the facility |
| Amount Disputed | Date of Transaction \$ Amount of Transaction |
| | |
| | |
| | |
| THE RESOLUTION YOU DESIRE: (Exchange, F | efund, Repair, Deposit Returned, other restitution.) |
| THE RESOLUTION YOU DESIRE: (Exchange, Flave you complained to any of the following: | efund, Repair, Deposit Returned, other restitution.) |
| Have you complained to any of the following: To Check if Yes Date Company of the following: | |
| lave you complained to any of the following: | |
| Have you complained to any of the following: To Check if Yes Date Company of the following: | |
| lave you complained to any of the following: To Check if Yes Date Company | |

| X | |
|--|--------|
| (Signature is required, unsigned complaints will not be processed) | (Date) |

Please Note:
A Fax of this form will not be accepted.

Return signed forms to:
Suffolk County Department of Consumer Affairs
P.O. Box 6100
Hauppauge N.Y. 11788-0099
631-853-4600

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